



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219
www.dmas.virginia.gov

School Services Fact Sheet

Purpose	<p>Virginia school divisions enroll with the Department of Medical Assistance Services (DMAS) for the reimbursement of select health services for children with Medicaid or FAMIS coverage. DMAS covered services for children in special education are to be provided by the school division according to the child's Individualized Education Program (IEP).*</p> <p>*Administrative Claiming is not covered in this fact sheet.</p>
DMAS Covered Services	<p>Early Periodic Screening Diagnosis and Treatment (EPSDT) well-child screening services are available for the general fee-for-service Medicaid/FAMIS school population. Children enrolled in Medicaid or FAMIS Managed Care health plans must have health screenings coordinated through their health plan.</p> <p>The following special education health services are covered for billing to DMAS by school divisions:</p> <ul style="list-style-type: none">• Physical therapy, occupational therapy, and speech-language pathology services;• Skilled Nursing Services;• Psychiatric, Psychological, and Mental Health Services;• Medical Assessments;• Audiology Services;• Personal Care Services;• Medical Evaluation Services; and• Transportation.
Who is Eligible?	<p>The recipient must be currently enrolled Medicaid, FAMIS Plus, or FAMIS and under the age of 23. For specific service guidelines, please refer to the School Health Services Medicaid manual available on the DMAS website at www.dmas.virginia.gov.</p>
Certification Process	<p>The IEP is the certification that the service is medically necessary, requires the skill level of a DMAS qualified provider, and that the treatment prescribed is in accordance with excellence in medical practice.</p>
Service Requirements and Limitations	<ul style="list-style-type: none">• Parent/Guardian consent is required for schools billing DMAS for any health-related services written in an IEP.• The IEP team must consist of qualified Medicaid providers to make the medical necessity determination in accordance with their scope of practice. The IEP cannot be used to authorize skilled nursing services, which requires an MD/NP/PA order.• The amount, duration and scope of services must be described in the IEP. The IEP or other DMAS/DOE approved documents must be signed by the qualified provider and updated on at least an annual basis.• Refer to the School Health Services Medicaid manual for specific information of specific provider qualifications and covered services.

Forms	MED Number	Name of Form	MED Number	Name of Form
	DMAS-51	Request for Therapy Assessment/Evaluation	DMAS-40	Skilled Nursing Student Log
	DMAS-42	PT/OT/SLP Plan of Care (POC)	DMAS-46	Personal Care Services POC
	DMAS-33	Rehab POC Addendum	DMAS-37	Personal Care Services Student Log
	DMAS-48	OT Monthly Progress Notes (PN)	DMAS-45	Psychological Diagnostic Interview Exam (DIE)
	DMAS-36	PT Monthly PN	DMAS-35	Psychological Testing
	DMAS-34	SLP Monthly PN	DMAS-43	Psychological Therapy Progress Notes
	DMAS-49	Bus Log	DMAS-44	Psychological Service Log
	DMAS-39	Skilled Nursing POC		
	Forms may be located at https://www.virginiamedicaid.dmas.virginia.gov			
Cost Based Reimbursement	<p>School providers submit claims based on the estimated costs for services furnished. DMAS makes interim payments on claims. Final payment will be based on each school division's costs reported and settled on an annual cost report. Personnel costs are determined by multiplying payroll costs of qualified practitioners times the percent of time qualified practitioners spend on medical services (determined by a statewide time study) times the percentage of IEP Special Education students that are Medicaid or FAMIS eligible. Non-personnel costs and indirect costs are also included. School divisions may contact DMAS Provider Reimbursement at 804-371-2446 for assistance with cost reports. Please visit the Department of Education website at www.doe.virginia.gov for more information.</p>			
DMAS Contacts	<p>For School Health Service Inquiries: Phone: 804-786-6134 Fax: 804-225-3961 Mail: Maternal and Child Health Coordinator Department of Medical Assistance Services 600 East Broad Street Suite 1300 Richmond, Virginia 23219 www.dmas.virginia.gov</p> <p>Medicaid Eligibility/Claims Inquiries: Medicaid/FAMIS eligibility or claims status may be checked via www.virginiamedicaid.dmas.virginia.gov or MediCall voice response system at 1-800-884-9730 or 1-800-772-9996. The Provider Helpline at 1-800-552-8627 may be contacted for more complex issues. These options are available at no cost to the provider.</p>			

SCHOOL REHABILITATION SERVICES: Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (SLP)					
CODE	SERVICE DESCRIPTION	CODE	SERVICE DESCRIPTION	CODE	SERVICE DESCRIPTION
97001	PT evaluation	97003	OT evaluation	92506	SLP evaluation
97110	PT individual visit	97530	OT individual visit	92507	SLP individual visit
97150	PT group session	S9129	OT group session	92508	SLP group session

SCHOOL PSYCHOLOGICAL SERVICES		
90791	Psychiatric diagnostic interview examination	
90791 and 90785	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication	
90832	Individual psychotherapy, insight oriented behavior modifying and/or supportive in an office or outpatient facility (30 minutes face-to-face with patient)	
90834	Same as above except 45 minutes face-to-face with patient	
90837	Same as above except 60 minutes face-to-face with patient	
90832 and 90785	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office/outpatient facility (30 minutes face-to-face w/patient)	
90834 and 90785	Same as above except 45minutes face-to-face with patient	
90837 and 90785	Same as above except 60 minutes face-to-face with patient	
90846	Family psychotherapy (without the patient present)	
90847	Family psychotherapy (conjoint psychotherapy with patient present)	
90853	Group psychotherapy (Other than of a multiple family group)	
90853 and 90785	Interactive group psychotherapy	MODIFIERS Schools must use a modifier listed below when billing for psychological services to identify the provider type: U6: Psychiatrist AH: Licensed Clinical Psychologist AJ: Licensed Clinical Social Workers Licensed Professional Counselors Licensed School Psychologist Licensed School Psychologist-Limited Psychiatric Clinical Nurse Specialist Marriage and Family Therapists
96101	Psychological testing, both face-to-face time with the patient and time interpreting test results and preparing the report.	
96102	Psychological testing with qualified health care professional interpretation and report, administered by technician, face-to-face	
96103	Psychological testing administered by a computer, with qualified health care professional interpretation and report.	
96116	Neurobehavioral status exam, both face-to-face time with the patient and time interpreting test results and preparing the report.	
96118	Neuropsychological testing, both face-to-face time with the patient and time interpreting test results and preparing the report.	

96119	Neuropsychological testing, with qualified health care professional interpretation and report, administered by technician, face-to-face	School Social Worker
96120	Neuropsychological testing administered by a computer, with qualified health care professional interpretation and report	

SKILLED NURSING SERVICES (15 minute unit)					
CODE	SERVICE DESCRIPTION	CODE	SERVICE DESCRIPTION	CODE	SERVICE DESCRIPTION
T1001	Skilled Nursing Assessment/Evaluation	T1002	RN Services	T1003	LPN Services

PERSONAL CARE SERVICES (15 minute unit)			
CODE	SERVICE DESCRIPTION	CODE	SERVICE DESCRIPTION
T2027	Personal Care Services - individual	S5125	Personal Care – group up to six individuals

AUDIOLOGY			
CODE	SERVICE DESCRIPTION	CODE	SERVICE DESCRIPTION
92553	Pure tone audiometry (threshold); Air and bone	92583	Select picture audiometry
92555	Speech audiometry threshold	92587	Evoked otoacoustic emissions; limited (single stimulus level, transient or distortion products)
92556	With speech recognition		
92557	Comprehensive audiometry threshold evaluation & speech recognition - 92553 & 92556 combined	92588	Comprehensive or diagnostic evaluation
		92592	Hearing aid check; monaural (Effective 1/1/08)
92559	Audiometric testing of groups	92593	Binaural (Effective 1/1/08)
92560	Bekesy audiometry; screening	92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92561	Diagnostic		
92562	Loudness balance test, alt. binaural or monaural	92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming
92563	Tone decay test		
92564	Short increment sensitivity index (SISI)	92602	Subsequent programming
92565	Stenger test, pure tone	92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92567	Tympanometry (impedance testing)		
92568	Acoustic reflex testing; threshold	92604	Subsequent programming
92569	Decay	92620	Evaluation of central auditory function with report; initial 60 minutes
92571	Filtered speech test		
92572	Staggered spondaic word test	92621	Each additional 15 minutes
92573	Lombard test (deleted 12/31/2006)	92625	Assessment of tinnitus (including pitch, loudness matching, and masking)
92575	Sensorineural acuity level test		
92576	Synthetic sentence identification test	92626	Evaluation of auditory rehab. status (1 st hour)
92577	Stenger test, speech	92627	Each additional 15 minutes
92579	Visual reinforcement audiometry (VRA)	92630	Auditory rehabilitation; prelingual hearing loss
92582	Conditioning play audiometry	92633	Postlingual hearing loss

MEDICAL EVALUATIONS

T1024	Medical Evaluation by MD, NP or PA as part of IEP process – per encounter
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TRANSPORTATION

T2003	Special Education Transportation – non emergency – per trip
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EPSDT SERVICES

DMAS will not reimburse school divisions directly for EPSDT screenings & related tests
for children enrolled in a MCO.

Health, Vision & Hearing Screenings		Inter-Periodic Screenings	
CODE	SERVICE DESCRIPTION	CODE	SERVICE DESCRIPTION
92551	Screening-pure tone, air only	99201	Outpatient visit for evaluation & management face-to-face with a new patient and/or family, which requires: problem focused history & examination and straightforward medical decision making (10min)
92552	Pure tone audiometry (threshold); air only		
99173	Screening test-visual acuity quantitative, bilateral	99202	Above with expanded problem focused history & examination (20 min)
99381	Initial comprehensive preventive medicine, new patient infant (age<1)	99203	Above with detailed history & examination and medical decision making of low complexity (30 min)
99382	Early childhood (age 1 – 4)	99204	Above with comprehensive history & examination and medical decision making of moderate complexity (45 min)
99383	Late childhood (age 5 – 11)		
99384	Adolescent (age 12 -17)	99211	Outpatient visit for evaluation & management of an established patient. Minimal presenting problem-may not need presence of MD.
99385	18 – 39 years		
99391	Periodic comprehensive preventive medicine, infant (age<1)	99212	Outpatient visit for evaluation & management face-to-face with an established patient which requires two of: problem focused history & examination and straightforward medical decision making (10 min)
99392	Early childhood (age 1 – 4)	99213	Above with expanded problem focused history & examination and medical decision making of low complexity (15 min)
99393	Late childhood (age 5 - 11)		
99394	Adolescent (age 12 - 17)	99214	Above with detailed history & examination and medical decision making of moderate complexity (25 min)
		99213	
		99214	

VACCINATIONS AND LAB CODES			
CODE	SERVICE DESCRIPTION	CODE	SERVICE DESCRIPTION
81002	Urinalysis, By dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents, non-automated without microscopy	81025	Urine pregnancy test, by visual comparison methods
81003	Automated without microscopy	83026	Hemoglobin; by copper sulfate method, non-automated
81025	Urine pregnancy test, by visual comparison methods	90658	Influenza virus vaccine, split virus, when administered to individuals 3 years of age or older, for intramuscular use
83026	Hemoglobin; by copper sulfate method, non-automated	90660	Influenza virus vaccine, live, for intranasal use
85018	Blood count hemoglobin (HGB)	90702	Diphtheria and tetanus toxoids (DT) absorbed when administered to individuals younger than 7 years, for intramuscular use
86580	Skin Test Tuberculosis, intradermal	90708	Measles and rubella virus vaccine, live, for subcutaneous use
87880	Infectious agent detection by immunoassay with direct optical observation	90710	Measles, mumps, rubella, varicella vaccine (MMRV), live, for subcutaneous use
90645	Hemophilus influenza B Vaccine (HIB), HBOC conjugate (4 does schedule), for intramuscular use	90716	Varicella virus vaccine, live, for subcutaneous use
90646	Hemophilus influenza B Vaccine (HIB), PRP-D conjugate, for booster use only, intramuscular use	90717	Yellow fever vaccine, live, for subcutaneous use
90655	Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 does schedule), for intramuscular use
90657	Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use	90746	Hepatitis B vaccine, adult dose, for intramuscular use
81002	Urinalysis, By dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents, non-automated without microscopy	99001	Handling and/or conveyance of specimen for transfer from patient in other than a physician's office to a laboratory (distance may be indicated)
81003	Automated without microscopy		